

PUBLIC WELFARE AND THE SOCIAL WORKER

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The Public Welfare Challenge

TWO presidents and many congressional leaders have made poverty a matter of current public interest. Indeed we may be on our way to the development of national policy which calls for wiping out of poverty. We certainly have the capacity to do so.

Public welfare services will not eliminate poverty. They have a part to play in the war. I shall attempt to say what that role might be. As well, I shall attempt to say something about the relationship of the voluntary field to public welfare.

The problems of public welfare are not new. We have been trying to make inroads and find solutions to them long before they reached today's proportions.

We have only begun to solve the many problems that face the family living at a level of poverty, or near poverty, and the problems of the social and economic environment which are closely interrelated. Public welfare programs are important, but I should like to emphasize that they are not a panacea for all social and economic ills.

Welfare programs can underpin the basic structure of an industrial economy. They can alleviate suffering and care for the socially, economically and physically dependent. They cannot substitute, however, in a democratic society for raising living standards and eliminating

poverty and racial discrimination. This is the most basic "welfare problem."

While we are regarded as an "affluent society" a significant segment of the population today lives in poverty. Of the estimated 33 million poor in the country, in 1963, about three million children and four million adults are receiving public assistance. In addition about 3 to 3.5 million people are in financial need and receive surplus foods but no cash assistance.

Eight million mothers with fifteen million children under 18 years of age are in labor force. In December, 1962, 700,000 youths (aged 16 through 21 years) were unemployed and out of work.

Our very rapidly changing way of life is having a profound effect on people and is posing problems that communities are unprepared to meet. Some of the major trends identifiable as contributing to this situation include:

1. Population expansion at a very rapid rate. In January of 1963 the U.S. population numbered 188.1 million people. It is estimated that our population will continue to grow by about 3,000,000 annually.

2. Movement of the population from rural to urban areas and growth of urban population.

3. Mobility of the population. Each

year, one of every five families in the United States moves.

4. Improved medical health knowledge and facilities. The era of the "survival of the fittest" is no longer with us for our growing body of medical information has increased the chances for infants to live and has extended the life span.

5. Larger proportion of children under 18 years of age and older people in the population. In 1962 there were 67,400,000 children under 18 years and 17,300,000 people 65 years or over. For the adult wage-earning group it means a larger proportion of dependents to support and the need for more services to these dependent groups.

Wide recognition of national responsibility to meet poverty and dependency needs of various segments of the population came after the depression of 1929-33 with the passage of the Social Security Act of 1935. Both income support and assistance programs have been the mainstay of our welfare program since then.

Public Welfare Changes

Things are changing in public welfare. The change is a big one. It has its chief architects in every state and city. The heart of the big change is this:

The image of public welfare, once focused on handouts in the public mind, is now one of rehabilitation; of helping people to help themselves instead of merely giving them financial aid; of rebuilding families by shoring up their foundations instead of merely patching leaking roofs.

Recent federal administrative and legislative changes have advanced the cause considerably. Some of the major amendments to the Social Security Act made in 1962 are:

1. An increase in federal financial participation from 50 to 75 per cent for certain expenditures for rehabilitative and preventive services, including train-

ing of personnel, to applicants and recipients. It requires the state, as a minimum, to provide, or see that there are provided, certain services to be prescribed by the Secretary of Health, Education and Welfare.

2. Increase in authorization of appropriation for child welfare services from the present \$25 million to \$50 million through successive increases from 1963 to 1969. Cooperation between child welfare services and public assistance children's programs is required. The child welfare program must be state-wide by July 1, 1975. Part of the child welfare appropriation is to be earmarked for day care of children of working parents.

3. The law was amended to permit use of federal funds for relief work programs with a rehabilitative potential and under appropriate safeguards.

4. Welfare services in child welfare programs are to be available to each child on public assistance who needs them.

5. Counselling, guidance and payments to a third party are permitted when the relative mismanages money to the detriment of the child's welfare.

6. Both parents of a child can be included in the grant. Formerly, only one parent could get federal support.

In addition to changes in law, significant administrative directives were issued for public assistance programs by the Secretary of Health, Education and Welfare:

1. More effective location of deserting parents. State agencies and local units must take greater responsibility in locating deserting parents in AFDC cases, for the purposes of reuniting families and securing support.

2. Allowing children to conserve income for education and employment. The state may permit a child with income from any source to conserve it for such future needs as education, medical services, and preparation for employ-

ment, without effect on the assistance grant.

3. Improvement of staff training and development programs. This is one of the most far-reaching directives. It requires the state to identify professional and technical positions demanding professional educational background, and to assure through provisions of educational leave and in-service training, that an incumbent has such background. It requires development of a systematic plan for orientation and continuing training of total staff.

4. Each state is required to take aggressive action to prevent and detect fraud.

5. Social services are required to meet special problems of families with children. This is a most far-reaching directive. It requires identification of cases with special problems because of unmarried parents, desertion by a parent, or neglect of a child. The caseloads of the staff to whom these families are assigned must be limited to 60 cases per caseworker.

By Executive Order the Secretary of Health, Education and Welfare created the Welfare Administration in 1962, bringing together for the first time into one administrative unit, programs of public assistance, child welfare, maternal and child health, juvenile delinquency, and the aging.

These, then, are some of the changes, problems and possibilities. Consistent with social work goals for the welfare of people, they represent the most important steps since the public assistance and child welfare laws were written 26 years ago. There is no doubt that these changes can move us along in the right direction. Many states have taken steps to carry out the new mandates and possibilities. It is yet too early to evaluate results.

The size of the job ahead for public

welfare, and for social workers in supporting it, is still tremendous:

Social Security, Child and Family Welfare

In the OASDI program levels of benefits have not kept pace with rising costs. Coverage of workers is not what it should be. With advancing years come the usual diseases of age and senility, illness long in duration and expensive in cost. The problem of medical care for the aged has become a political and professional football. By and large the majority of the aged do not have sufficient income to meet the mounting costs of hospitalization and other long-term care.

We must have a comprehensive system of social insurance to cover medical costs and loss of earnings due to catastrophic illness. One of the major problems facing the American family, urban and rural, today is the purchase of adequate health care. For the poor, purchase of adequate health care is prohibitive. People able to support themselves and their families in average good health often face financial crisis when illness or prolonged sickness occurs. The rising costs of health care have created a substantial medically indigent group and have precluded their purchase of preventive health measures. Those in the low income group have been priced out of the ability to get good medical care. It has to be provided for them.

Public assistance is often inequitable, discriminatory, contradictory and frequently downright cruel. Grants generally fail to meet basic standards of health and decency. It is extremely difficult to talk with families about rehabilitation while they are hungry, ill-housed and poorly clothed.

With respect to standards of assistance we have a great moral responsibility to move ahead. In spite of the progress of the past decades many per-

sons are still receiving grants which cannot purchase the documented most minimum standards of health and decency. Can we justify a standard which results in disability for the aged and a simple insufficiency of food for the young? This cannot be forever ignored.

Contrary to public misconceptions, practically no fraud and very little ineligibility is found in welfare programs. Instead, the limitations imposed in many states and localities resulting from public suspicion, lack of understanding and hostility produce unfair denial of assistance to many who should be eligible.

The issue of residence requirements is an old one in the welfare field. It was inherited from the English Poor Laws. They are unsuited to twentieth century industrial society. With a mobile population, residence laws no longer serve a useful purpose.

In too many places we still separate programs which affect families and children. Our approach to solution often begins with organizational and structural considerations rather than programmatic ones. This despite a constant call for the strengthening of family life and the heralding of the family as our basic social institution.

Too much emphasis is still placed on questions of adult morality rather than on needs of children.

Family life changes in distressing ways. Too many mothers of young children are employed.

Children in broken homes increase as divorce and separations increase.

Birth rates for unmarried parents increase faster than those for married couples.

In some sections virtually nothing is done for children. There is national neglect of millions of children with mental and social health problems. Thirty-seven per cent of the nation's counties have no child welfare services of any sort. 49 percent of those that do (con-

taining one-fourth of the nation's children) lack public child welfare services.

Adoptive parents cannot be found for non-white children. Black markets continue in many cities for white children. Foster care agencies do not have the skilled personnel and resources to deal with children in their care. Foster placement too often is made because of poor health, low income and poor housing. These are unsound reasons for breaking up families. Not enough protective and preventive work is done to keep families intact.

Too many children are still placed in institutions indiscriminately. Specialized institutions and creative non-institutional solutions for disturbed and retarded are needed.

Juvenile delinquency has probably produced more utterance and less action than any other single social subject. Everyone has a favorite solution. Few have been willing to spend the necessary money. Few are willing to recognize that delinquency is not a disease but a social and legal concept. A delinquent is a child and all that we know about children and their needs applied before and after the delinquent act is the best we can do.

Unemployment and Under-employment

Public welfare's problems would be eased if unemployment and under-employment were solved. Our best allies in this field are a series of new manpower development and youth conservation programs that merit attention and support. Complementing such programs as the employment service, vocational rehabilitation and area redevelopment these are major public welfare partners in training, retraining and job placement.

The 26 million young people coming into the job market in 1970 will need all these programs, and more. Consider-

able attention is being given to overhaul of education and employment opportunities for youth. Specialized programs of official education and employment bodies are hard at work on these questions with emphasis on the "school dropout."

The problem of working mothers is sharpened since the war. Attention needs to be given to providing more day care centers, to changing the educational day schedule to accommodate working mothers and evaluate whether or not mothers are being driven into the job market when it is unsound for them to be away from their young children. Present public assistance policies often force mothers to work when they should be with their children.

The raw facts of the newest technological revolution—automation—is already confronting us with a major emergency. Automated industry is requiring us to plan for major changes in our entire approach to length and kinds of education, hours of work, age of retirement and new emphasis on employment in the service fields. This is not specifically a welfare problem. But it is closely related. These matters must be tackled or else the welfare rolls will become a way of life for too many citizens automated out of productive modes of living.

For the Future

Despite the difficulties, I believe we will achieve the day when no one will be in want because of any condition, including color, age or residence. We will fill the gaps.

High quality medical care will be available to all. The hospital will be the center for medical care and group practice will be widely accepted.

Public assistance will be needed by only a small group as insurance and other economic programs increase and

as we learn how to keep more people at work.

All welfare money programs will have extensive health and social service components.

Standards for all welfare maintenance programs will be based on the standard of the general population rather than at the pauper line.

Personnel for social welfare programs will be trained in large numbers. Agencies will be well staffed.

Private insurance, home ownership and savings will increase dramatically. More leisure will be available, more opportunities for creativity. More of our resources will go to serve the consumer, the family, the sick, the disabled, unemployed and retired.

Voluntary Agencies and Public Welfare

While the public expenditures for welfare represent 75 percent of the total, most of the social planning bodies are non-governmental in nature and operate at the local level. In order to utilize present services and monies—public and private—most effectively, and to plan properly for future services, it will be necessary to develop a more coordinated and concerted approach to problems and their solution. This must necessarily involve the private agencies and institutions but also must extend to coordinated activities of government at the local, state and federal levels.

With the assumption by government of responsibility for meeting basic economic maintenance needs and other social services for health, housing, recreation and care and protection of special groups of people, notably children, the function of private social welfare organizations and institutions has changed. It has become increasingly that of research, demonstration, experimentation and maintenance of those not yet recognized as proper for government to assume. Most of the money spent by

private welfare agencies is used to provide services such as foster and institutional care, health care, family counselling, recreation and day care services and a most minimum amount of emergency relief. 1963 expenditures by the private welfare agencies amount to almost \$1.3 billion—approximately 25 percent of the total expenditures for welfare. Organizations such as family and children's services, community centers, scouts, Red Cross, hospitals, health agencies and others, are of major importance in our voluntary society. Sectarian groups, as you well know, provide a significant portion of the voluntary service.

I have recently studied the documents of the Committee on Public Welfare of the Council of Jewish Federations and Welfare Funds. They are impressive. They reveal that the Council is clearly in the forefront of the new alignment of voluntary and public welfare interests.

This new spirit of support for public welfare progress should become part of every voluntary agency's policy and practice. A new set of relationships between public and voluntary agencies is needed in every community. On this score there are some precepts which I have previously used.

1. Public and voluntary agencies, particularly sectarian ones, will always exist in our kind of society. Both are fundamental.

2. Public and voluntary social welfare philosophy is a unity. Voluntary bodies cannot consistently avoid support of positive public social policy goals and programs in public welfare.

3. The nature of public sponsorship implies broad responsibility for all people. The nature of voluntary sponsorship implies limitations and cannot assume responsibility for serving the entire population.

4. The quality of public service cannot justifiably be lower than the voluntary service.

5. Logic demands joint public and voluntary planning in each locality. This includes public opinion-making. It is incongruous to see widespread public acclaim for voluntary services for particular clients side by side with vicious attacks on public programs for the same persons. An attack on a public program is also an attack on voluntary programs.

6. Voluntary bodies have a fundamental role to plan in helping to establish public policy and to see to it that effective, well-financed public services are made available. This role may well be as important as the giving of a voluntary service. Once this role is effectively assumed, the problems of voluntary-public relationships, including division of responsibility and financing will be susceptible of a more unimpassioned approach than heretofore.

I suspect that a vigorous buildup of public social services and development of proper planning machinery will do as much as anything to resolve the problem. But we must reach agreement first on what we believe are sound public services and see to it that they are made available. Contrary to much opinion, public agencies have demonstrated high degrees of qualitative programming.

Professionally Necessary Aims

There is little in the literature which resolves the complex confusions of function and structure. Countless studies and papers lament the built-in barriers produced by our many specialized agencies. Coordination of services, the dream objective, is a mirage. Discussion of individual cases among agencies is a poor substitute for systematic social engineering which we glorify as community planning and about which we do

so little. Rehabilitation of families is still only in the experimental phases.

Studies designed to find "the answer" usually do not get at the basic underlying difficulties. Most attempts are piecemeal, peripheral, symptom-oriented and not concerned with causes. Chiefly, we have identified symptoms which result in more projects and demonstrations. These produce results but are not always practical for mass application.

One may speculate at length why we have not grappled with a more scientific and fundamental approach to programming. Perhaps the most obvious reason is the gap which exists between the self-protective elements of our professional practice and the goals we have had to accept because these are established by our supporters.

In previous writing on this subject I have identified seven issues that need clarification if we are to achieve a more appropriate and effective structuring of services for prevention and therapeutic action for a proper framework within which our rehabilitative efforts can have maximum results. I continue to believe they are sound.

1. The need for uniform definitions of the problems families and persons have that are universally understandable and can be operationally applied.

2. The testing of the concept of problem-solving as contrasted with the open-end provision of services.

3. A workable and uniformly applied definition of the concepts of prevention.

4. A framework for comprehensive diagnosis as a basis for differential treatment.

5. The development of criteria for the community-wide allocation of responsibility and services.

6. Development and use of systems for constant evaluation and accountability.

7. Creating and allowing real leadership to operate.

The last issue is of critical importance. Present leadership is divided among many units of professional and community concern. National and local groups promote improved services for various problems.

There are many points of leadership but nowhere, particularly at the local community level, is there consistent lay or professional leadership that has become the focal point for effective community planning.

We are still uncertain about the competence needed to handle different degrees of maladjustment. I know of no community plan that clearly defines organizational responsibility, that coordinates and engineers the flow of problems among the several systems of service.

Public welfare is a citizens' program. Citizens elect the legislators who formulate it, pay the taxes which support it and by the millions they benefit by it.

There need to be citizens who understand the conditions which require public welfare measures and services. These informed judgments will influence society in general.

Each community must ask itself the hard questions:

Is there in the community a complete set of public and voluntary services enabling families and individuals to solve social, physical, emotional and economic problems?

Are the levels of service adequate?

Are they given without discrimination of any sort?

Is there a range of preventive services?

Are responsible individuals and agencies active in the central health and welfare planning body?

Does the local federation have a committee which works closely with other

citizen groups in promoting good public services?

Do you have representation on public welfare boards and committees?

Do you know if public assistance grants in your state and locality are of decent standard?

Is there understanding, in your community, of the public assistance program? Or is the community angry at it? If so, is there organized citizen activity to spread understanding and information about the program?

Have you studied your state and local public welfare program to see if it is moving in the direction of the 1962 amendments? Are caseloads being reduced? Is staff being properly trained? Are cases being classified so that proper attention can be given to families that need rehabilitation?

Is the public child welfare program adequate? What kinds of improvement does it need?

Does your community planning group have a public welfare legislative program it will support in the next state legislature?

Has your organization established contacts with your local state legislators and do you attempt to influence their point of view on legislation?

Do you have a way to keep informed about developments during the legislative session so that you can express your point of view through contacts, letters and testimony before legislative committees?

Does staff keep in touch with the public welfare staff and is there an open channel between your organization and the public welfare boards?

When you plan, do you plan for your services alone, or do you give consideration to the planning being done by your public authorities so that a reasonable division of responsibility can be developed?

Voluntary and Public Programs Have the Same End-Purpose

We sometimes talk about public services and voluntary services as if they were worlds apart. Are they really? Both are supported by dollars coming from the same citizens. Both have the same objectives—the relief of human suffering; the improvement of the human condition. Both use the same parts of devices, ideas and personnel. Both exist and are managed in the public interest by representatives of the citizens.

While the voluntary agency enterprise is not operated by your government, it certainly is in the public domain and its trustees certainly carry a public trust.

In my own agency we have over 1,000 board members for our institutions and programs. And we use hundreds of volunteers who give direct services to people in our institutions and on our assistance caseloads. Their responsibilities are not unlike those that board members and volunteers have in voluntary agencies. They are often, in fact, the same people. We are proud of them. We seek their advice and look to their leadership. We cherish their support.

I should like to suggest that voluntary agencies give consideration to recruiting good board members and volunteers for the public agencies. One of the highest expressions of Jewish communal responsibility is the giving of leadership in Jewish welfare agencies. A tremendous contribution of the same nature can be made in the public welfare field. Indeed, it has already in some places.

One last thought has to do with politics.

The citizen leaders of voluntary agencies must join to draw the blueprints for reform. But they must work with other

concerned citizens and with political representatives.

Most of the public welfare issues of our day are shaped within the political process and shaped in the political arena.

Those of us concerned with people and human services are natural allies with the politician. The usual caricature he has of us as do-gooders is no less real than the one we sometimes, and equally erroneously, have of him. No caricature is a good portrait. In both groups are the good, the bad and the indifferent.

We both have one common stock in trade—people whom we serve. And we can be effective partners.

We must continue to be restless. Restless until human dignity is established as the right of every soul. For until then the halls of government will echo with talk about how much to lower the ceiling instead of how strong to build the floor.

We are learning more all the time about human beings, their needs and their potentials. We will always have the challenge to use our knowledge to the fullest so that more people can live in security, abundance, dignity and fulfillment.

For restless people there will always be new frontiers.